

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Company Code 95453

	ent Period) , U000 (Prior Perio		any Code	95453 Employe	ers ID Number	38-2390938
Organized under the Laws of	of Mic	higan	, State of D	omicile or Port of Ent	ry <u>Mi</u>	chigan
Country of Domicile			United Sta	tes		
Licensed as business type:	Life, Accident & Health [] Prope	rty/Casualty []	Dental Service Co	rporation []	
	Vision Service Corporation	on [] Other	[]	Health Maintenand	ce Organization [X]
	Hospital, Medical & Denta	al Service or Indem	nnity []	Is HMO, Federally	Qualified? Yes []	No [X]
Incorporated/Organized	12/03/1981		Commenced Bu	siness	02/05/1982	
Statutory Home Office	829 Fore	st Hills Ave SE		Gra	nd Rapids, MI 4954	6
,	(Street	and Number)		(City o	or Town, State and Zip Coo	de)
Main Administrative Office				Hills Ave SE		
	d Rapids, MI 49546		(Street a	nd Number) 616-949		
, ,	Town, State and Zip Code)			(Area Code) (Tel		
Mail Address	829 Forest Hills Ave (Street and Number or P.C		· · · · · · · · · · · · · · · · · · ·		n, State and Zip Code)	
Primary Location of Books ar	nd Records	•	8	29 Forest Hills Ave S	E	
Gran	 d Rapids, MI 49546			(Street and Number) 616-949-2	2410-122	
	Town, State and Zip Code)			(Area Code) (Tel		
Internet Website Address			gvhp.c	om		
Statutory Statement Contact	Pamela	a Lea Silva		616	6-949-2410-122	
si	(N lvap@gvhp.com	lame)		(Area Code) (616-94	Γelephone Number) (Exter 9-9944	nsion)
	(E-mail Address)			(FAX N	umber)	
		OFF	ICERS			
Name	1	Title	ICERS	Name	-	Title
Roland E Palmer	, Pre	sident	Thoma	s W Schouten	_,Treasure	er/Secretary
Pamela L Silva	, Vice Pre	sident/COO				
		OTHER	OFFICERS			
		DIRECTORS	OR TRUST	EES		
Roland E Palmer	Thomas '	W Schouten	Jam	es T Kerby		I Grimm
Robert Schirado Kenneth Gates	Pame	la L Silva	Marga	ret Sudekum	Herbei	rt A Start
						_
	.Michigan	ss				
County of	Kent					
The officers of this reporting entiabove, all of the herein described this statement, together with relat of the condition and affairs of the completed in accordance with the that state rules or regulations reqrespectively. Furthermore, the screact copy (except for formatting to the enclosed statement.	assets were the absolute proped exhibits, schedules and exp said reporting entity as of the NAIC Annual Statement Instruction differences in reporting no ope of this attestation by the definition of the said of	perty of the said report planations therein cont reporting period state actions and Accounting t related to accounting escribed officers also	ing entity, free and clained, annexed or read above, and of its ing Practices and Proces practices and proces includes the related of	lear from any liens or cla ferred to is a full and true ncome and deductions the dures manual except to dures, according to the b corresponding electronic	ims thereon, except as e statement of all the as erefrom for the period the extent that: (1) stat est of their information filing with the NAIC, wi	herein stated, and that ssets and liabilities and ended, and have been te law may differ; or, (2) , knowledge and belief, hen required, that is an
Roland E Pa	almer	Thoma:	s W Schouten		Pamela L S	silva
Presider			rer/Secretary		Vice Presiden	
Subscribed and sworn to be 26 day of	efore me this February, 2009				al filing? endment number	Yes [X] No []
				 Date filed Number of pa 	iges attached	
Lorinda A Lehner				21 11323. 31 pc	J - 2	-

09/08/2012

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

EXHIBIT 2 - ACCIDENT AND HEAETHT REINIGING DOL AND ON AID										
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted				
	1 - 30 Days	31 - 00 Days	450 days	470	470	450				
0199999 Total individuals			430	470	470	430				
Group subscribers: DPM Feds	000.050					000 050				
UPM Feds					U	208,256				
0299997 Group subscriber subtotal	208,256	0	0	0	0	.208,256				
0299998 Premiums due and unpaid not individually listed	117,396		12,785	1.361	1,361	130 , 181				
0299999 Total group		1	12,785	1.361	1,361	338,437				
0399999 Premiums due and unpaid from Medicare entities		1	12,700	1,301						
0499999 Premiums due and unpaid from Medicaid entities		†								
	225 652	0	12 225	1,831	1,831	338,887				
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	325,652	<u> </u>	13,235	1,831	1,831	338,88 <i>l</i>				

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	ILALIII VAI		<u> </u>			
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Individually Listed Receivables: Healthworks	2,755				0	2.755
0699999 - Totals - Other Receivables	2,755					
		†				
	····	†				
						•
						•
		†	-		·	
		+	+		·	
	<u>-</u>					
			-	+		
0799999 Gross health care receivables	2,755					2,755
C. COCCO C. COCC TOCKET CO. C. TOCKET CO. C.	2,100		I .			2,700

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.						0
0399999 Aggregate accounts not individually listed-covered	927,584	461,294	65,998	46,639	80,317	1,581,832
0499999 Subtotals	927,584	461,294	65,998	46,639	80,317	1,581,832
0599999 Unreported claims and other claim reserves						1,712,976
0699999 Total amounts withheld						0.004.000
0799999 Total claims unpaid						3,294,808
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

		2			· ·		4-1
1	2	3	4	5	0	Admi	ttea
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
Grand Valley Health Facilities	149					149	
Grand Valley Health Management	549					549	
Grand Valley Surgical Center	1,475					1,475	
Individually Listed Receivables: Grand Valley Health Facilities Grand Valley Health Management Grand Valley Surgical Center. Grand Valley Technology Services. Grand Valley Health Corporation.	13,666					13,666	
Grand Valley Health Corporation	271.580					271,580	
or the state of th							
				•			
0199999 Individually listed receivables	287 , 419	0	0	0	0	287 ,419	0
0299999 Receivables not individually listed					_		
0399999 Total gross amounts receivable	287,419	0	0	0	0	287,419	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Grand Valley Health Facilities	December Soda Fountain Charges	2,465	2,465	
Grand Valley Technology Services	2009 Annual Fee Acctg Software	2,936	2,936	
Grand Valley Health Corporation	December ESOP & 401k payment & pass thru	2,936 27,094	27,094	
	1			
		20 405	00.405	0
0199999 Individually listed payables 0299999 Payables not individually listed		32,495	32,495	
UZ99999 Payables not individually listed		00 105	00 405	
0399999 Total gross payables		32,495	32,495	0

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		. 10/ 10 1 10 11	<u> </u>	<u> </u>		
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	152,379	0.5	104,453	1,253.9		152,379
4. Total capitation payments	152,379	0.5	104,453	1,253.9	0	152,379
Other Payments:	·		·	·		·
5. Fee-for-service	813,511	2.7	XXX	XXX	813,511	
6. Contractual fee payments	16,987,174	56 . 1	XXX	XXX	16,987,174	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	12,339,405	40.7	XXX	XXX	12,339,405	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	30,140,090	99.5	XXX	XXX	30,140,090	0
13. Total (Line 4 plus Line 12)	30,292,469	100 %	XXX	XXX	30,140,090	152,379

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly Capitation	5 Intermediary's	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
	NONE				
				• • • • • • • • • • • • • • • • • • • •	
					•
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1,137,931		1,128,236		9,695	
Medical furniture, equipment and fixtures	1 , 536 , 139		1,522,227			13,912
Pharmaceuticals and surgical supplies	360 , 759					360,759
Durable medical equipment						
5. Other property and equipment	561,630		471,215			90,415
6. Total	3,596,459	0	3,121,678	0	9,695	465,086



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Grand Valley Health Plan, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
AIC Group Code 0000 BUSINESS IN THE STATE O	F Michigan			DURING THE YEAR	2008		1	NA	IC Company Code	95453
	1	Compret (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,457	92	7 ,768				1,597			
2 First Quarter	9,047	75	7 ,416				1 , 556			
3 Second Quarter	8,689	73	7 ,065				1 ,551			
4. Third Quarter	8,444	83	6,825				1 ,536			
5. Current Year	8,330	81	6,723				1,526			
6 Current Year Member Months	104,453	949	84,527				18,977			
Total Member Ambulatory Encounters for Year:										
7. Physician	31,954	319	25 , 581				6,054			
8. Non-Physician	10,833	100	8,711				2,022			
9. Total	42,787	419	34,292	0	0	0	8,076	0	0	
10. Hospital Patient Days Incurred	1,802	45	1,487				270			
11. Number of Inpatient Admissions	461	14	362				85			
12. Health Premiums Written (b)	30,548,780	329,017	23,915,386				6,304,377			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	30,534,141	328,097	23,901,667				6,304,377			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	30,292,469	275,220	24,513,719				5,503,530			
18. Amount Incurred for Provision of Health Care Services	31,927,854	290,078	25,837,130				5,800,646			

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ___



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2. (CONTION)

								(LOCATION)		
IAIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2008			NA	IC Company Code	95453
	1	Compre (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,457	92	7 ,768	0	0	0	1,597	0	0	
2 First Quarter	9,047	75	7,416	0	0	0	1,556	0	0	
3 Second Quarter	8,689	73	7,065	0	0	0	1,551	0	0	
4. Third Quarter	8,444	83	6,825	0	0	0	1,536	0	0	
5. Current Year	8,330	81	6,723	0	0	0	1,526	0	0	
6 Current Year Member Months	104,453	949	84,527	0	0	0	18,977	0	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	31,954	319	25,581	0	0	0	6,054	0	0	
8. Non-Physician	10,833	100	8,711	0	0	0	2,022	0	0	
9. Total	42,787	419	34,292	0	0	0	8,076	0	0	
10. Hospital Patient Days Incurred	1,802	45	1,487	0	0	0	270	0	0	
11. Number of Inpatient Admissions	461	14	362	0	0	0	85	0	0	
12. Health Premiums Written (b)	30 , 548 , 780	329,017	23,915,386	0	0	0	6,304,377	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	30,534,141	328,097	23,901,667	0	0	0	6,304,377	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		275,220	24,513,719	0	0	0	5 ,503 ,530	0	0	
18. Amount Incurred for Provision of Health Care Services	31,927,854	290,078	25,837,130	0	0	0	5,800,646	0	0	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ______0

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SCHEDULE S - PART 1 - SECTION 2

			Reinsurance Assumed	d Accident and Health Insurance Listed by Reins	ured Compan	y as of December :	31, Current Year				
1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
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0399999	Totals										

SCHEDULE S - PART 2

NAIC Company Code Number Effective Date Name of Company Location Paid Losses Unpaid Losses		Reins	urance Recoverat	ple on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Curre	ent Year	
Code Number Effective Date Name of Congray Location Pald Losses Uppeal Lose	NAIC		3	4	5	6	7
96883 - Peda Second and Bell II (Peda Second and Bell II) (1998)	Company	Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losse
Weeken - Outle - Accident are Nauth	22667	95-2371728	07/01/2008	ACE American Insurance Company	Pennsylvania	494,285	
	0599999 - Accid	dent and Health N	Non-Affiliates			494,285	
			d Health		Τ	494,285	
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SCHEDULE S - PART 3 - SECTION 2

1	•			Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year									
	2	3	4	5	6	7	8	9	Outstanding :	Surplus Relief	12	13	
NAIC								Reserve Credit	10	11	Modified		
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld	
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(Estimated)	Taken Other than for Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance	
22667	95 - 237 1728	07/01/2008	Ace American Insurance Company	Pennsy I van i a	SSL/1/L	514,679							
0299999 -	Total Authorized	d General Account	- Non-Affiliates			514,679							
0399999 -	Total Authorized	d General Account				514,679							
0799999 -	Total Authorized	d and Unauthorize	d General Account			514,679							
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1599999	Totals					514,679							

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
	•	•											
	 	 				NO							
	†	†											
	 												
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	I	I											
													
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1199999	Total				1				ĺ				

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(000 Offitted)											
		1 2008	2 2007	3 2006	4 2005	5 2004					
Α. (OPERATIONS ITEMS										
1.	Premiums	515	428	484	486	685					
2.	Title XVIII-Medicare	0	0	0	0	0					
3.	Title XIX-Medicaid	0	0	0	0	0					
4.	Commissions and reinsurance expense allowance		0	0	0	0					
5.	Total hospital and medical expenses		0	0	0	0					
В. І	BALANCE SHEET ITEMS										
6.	Premiums receivable		0	0	0	0					
7.	Claims payable		0	0	0	0					
8.	Reinsurance recoverable on paid losses	494	585	100	318	563					
9.	Experience rating refunds due or unpaid		0	0	0	0					
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0					
11.	Unauthorized reinsurance offset	0	0	0	0	0					
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)										
12.	Funds deposited by and withheld from (F)	0	0	0	0	0					
13.	Letters of credit (L)	0	0	0	0	0					
14.	Trust agreements (T)	0	0	0	0	0					
15.	Other (O)	0	0	0	0	0					

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	6,776,212		6,776,212
2.	Accident and health premiums due and unpaid (Line 13)	338,887		338,887
3.	Amounts recoverable from reinsurers (Line 14.1)	494,285	(494, 285)	0
4.	Net credit for ceded reinsurance.	xxx	494,285	494 , 285
5.	All other admitted assets (Balance)	1,668,914		1,668,914
6.	Total assets (Line 26)	9,278,298	0	9,278,298
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)		0	3,294,808
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	375,679		375,679
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	1,894,120		1,894,120
13.	Total liabilities (Line 22)	5 , 564 , 607	0	5 , 564 , 607
14.	Total capital and surplus (Line 31)	3,713,691	XXX	3,713,691
15.	Total liabilities, capital and surplus (Line 32)	9,278,298	0	9,278,298
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	494 , 285		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	494,285		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	494 , 285		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

Allocated by States and Territories Direct Business Only										
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6			
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals			
1. Alabama	AL									
2. Alaska	AK									
3. Arizona	AZ									
4. Arkansas	AR									
5. California	CA									
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SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

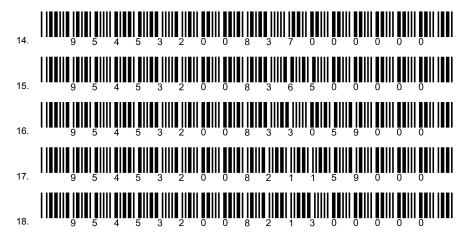
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						Income/						
					Purchases, Sales or							
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material Activity Not in the		Recoverable/
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses
NAIC	Federal ID		Shareholder	0:4-1	Estate, Mortgage Loans or Other	Undertakings for the Benefit of any	Management	Incurred Under Reinsurance		Ordinary Course of the Insurer's		and/or Reserve Credit
Company Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Capital Contributions	Investments	Affiliate(s)	Agreements and Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
Code	38-3265342	Grand Vallay Health Corporation	Dividerius	Contributions	investments	Allillate(5)	832,668	Agreements		DUSINESS	832,668	rakeri/(Liability)
	30-3203342	Grand Valley Health Management. Grand Valley Health Management. Grand Valley Health Facilities. Grand Valley Health Plan Grand Valley Technical Services. Grand Valley Surgical Center.			•		032,000		·		032,000	
	38-3247943 38-3247950 38-2396958 38-3668000	Grand Valley Health Facilities					1,653,936				1,653,936	
95453	38-2396958	Grand Valley Health Plan					(3,593,634)				(3,593,634)	
30400	38-3668000	Grand Valley Technical Services					1,125,030				1,125,030	
	38-3440505	Grand Valley Surgical Center					(18,000)				(18,000)	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES.
2.	Will an actuarial opinion be filed by March 1?	YES.
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES.
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interro	will be printed below. If the
	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
11.		N0
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.		NO
14.	domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
	APRIL FILING	
16.		N0
17.		NO
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	N0
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

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